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CHERYL N. HAWKING	5						
US PATENT OFFICE	DATE: 10/29/2004						
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PHONE NUMBER: 571 272 1229	SENDER'S REFERENCE NUMBER:						
RE: Serial No. 10/666,934	YOUR REFERENCE NUMBER:						
X URGENT X FOR REVIEW	X please comment X please reply						

Attached is:

This Cover sheet (1 page)

Certificate of Transmission Under 37 CFR 1.8 (1 page)

Transmittal form (1 page).

Multiple Dependent Claim Fee Calculation Sheet that was not attached to the 55 page amendment faxed yesterday (1 page)

Total pages 4

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Under the Paperwork Reduction Act of 1995	Application Number		10/666,934								
TRANSMITTAL	Filing Date	1/30/2002	1/30/2002								
FORM	First Named Invento	Robert Ped	Robert Pederson								
	Art Unit	1734	1734								
(to be used for all correspondence ofter initial	filing) Examiner Name	Cheryl N. H	Cheryl N. Hawkins								
Total Number of Pages in This Submission	Attorney Docket Nur	nber									
ENCLOSURES (Check all that apply)											
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s)	Drawing(s)  Licensing-related Pape  Petition Petition to Convert to a Provisional Application Power of Attorney, Rev Change of Correspond Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table Remarks This was not included in the 55	rocation ence Address on CD	Other Enclosure(s) (please Identify below):  1. Multiple Fee Calc. Sheet PTO/S8/07  2. Certificate of Transmittal								
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53											
Firm Name	TURE OF APPLICANT, A	TIORNEY, O	K AGENT								
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Signature Movey_(	Whiting										
Printed name MARY A. WHITING											
Date 10/29/2004		Reg. No. 30, 601									
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Signature Mary MWhitingy.											
Typed or printed name MARY A. WHITE		Date 10/29/2004									

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PTO/SE/97 (09-04)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number APPLICATION # 10,666,934 FILING DATE 1/30/2002 ARTUNIT 1734 EXAMINER CHERYL A. HAWKINS Certificate of Transmission under 37 CFR 1.8 I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office MARY A. WHITING ATTORNEY FOR AP. Typed or printed name of person signing Certificate
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SI, NY 10814 Registration Number, if applicable TRANSMITTAL FORM PTU/SB/21(09-04)
MULT. DEP. CI-AIM. FEE CALC SHEET PTO/SB/07(08-08) PTO/SB197 (09-04) This Certificate. Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper. FAX Cover Sheet (1999e) TOTAL PAGES (4)

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MULTIPLE DEPENDENT CLAIM							Application Number   Filing Date   10/666, 934   1/30/						12002			
FEE CALCULATION SHEET Substitute for Form PTO-1380 (For use with Form PTO/SB/06)								Application Number 10/1666, 934 Filing Date 1/30/2002  Applicant(s) Robert Peder Son et al.  * May be used for additional claims or amendments								
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